

TransADE APPLICATION GUIDE



TRANSPORTATION ASSISTANCE FOR THE DISABLED AND ELDERLY

FY 2006

**MONTANA DEPARTMENT OF TRANSPORTATION
TRANSIT SECTION
2701 PROSPECT AVENUE
PO BOX 201001
HELENA MONTANA 59620-1001**

**PHONE: (406) 444-6120
FAX: (406) 444-7671 OR (406) 444-9451
<http://www.mdt.state.mt.us>**



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INTRODUCTION

The 57th Legislature created a new state funded program for Montana transit providers when it passed Senate Bill 448. The new program named “TransADE” (Transportation Assistance for the Disabled and Elderly) provides transportation operating assistance to transit operators who provide transportation services to elderly and persons with disabilities. The Montana Department of Transportation (MDT) is the designated state agency responsible for administration of this program. Application for TransADE funding must be made annually. **All applications must be postmarked no later than the first working day of February of each year.**

Operating Assistance

Up to 50 percent state funding can be obtained for operating assistance with a 50 percent local match.

Grant recipients are required to submit reports of actual operating expenditures and ridership for quarterly reimbursement by the Transit Section.

ELIGIBLE APPLICANTS

- * Counties
- * Incorporated Cities and Towns
- * Transportation Districts
- * Nonprofit Organizations which provide transportation services for persons 60 years and older and for persons with disabilities

MINIMUM PROGRAM REQUIREMENTS

The following minimum requirements apply to all TransADE applicants. Transit Section staff will conduct reviews of program recipients to insure minimum requirements are met and maintained:

- 1) The applicant must be a county, incorporated city or town, transportation district, or a nonprofit organization providing service to elderly and persons with disabilities.
- 2) The applicant must have the legal, fiscal and managerial capabilities to receive and disburse TransADE funds.

- 3) The applicant must insure that adequate funds are available to match TransADE funds equally and to provide for ongoing operations.

APPLICATION SUBMISSION

The original copy of the completed TransADE Application must be submitted to the Transit Section and should be addressed as follows:

David Jacobs
Montana Department of Transportation
Transit Section
2701 Prospect Avenue
PO Box 201001
Helena MT 59620-1001

APPLICATION INSTRUCTIONS

- I. The legal applicant agency name, mailing address, telephone number, and project director's name.
- II. Indicate the amount of TransADE assistance you are requesting. This amount needs to be matched equally with local funds. The source of matching funds must be identified.
- III. The certification must be signed by a local public official who has the authority for assuring this applicant agency has the fiscal, managerial, and legal capabilities to administer the TransADE Program and receive and disburse state funds. This may include the president of the applicant agency's Board; a County Commissioner or City Administrator.

IV. ESTIMATED OPERATING BUDGET

Below is a list of line items that are reimbursable under TransADE.

- A. **Labor.** Identify wages of operators, mechanics, and dispatchers. Staff who share duties and responsibilities with other offices or programs not related to the transportation program may charge a proportionate share of the costs if based upon a cost allocation plan approved by the MDT.
- B. **Fringe Benefits.** Include fringe benefits of personnel identified under Section IV; Item A, Labor (*above*).
- C. **Materials and Supplies (*Consumed*).** Fuel and lubricants include gasoline, diesel fuel, oil and lubricants.

Tire replacement, vehicle parts, replacement (*vehicle parts -- inventories are not eligible*), body repair (*body parts--inventories are not eligible*), vehicle washing, building maintenance, and janitorial supplies.
- D. **Casualty and Liability Costs.** Includes vehicle and transit related operational and administrative insurance.
- E. **Purchased Transportation Service.** A contract or agreement between the designated agency and another transportation provider. Communities are allowed to contract with a transportation agency to provide comprehensive specialized service to persons with disabilities. Vouchers are also considered an acceptable use of purchased transportation.
- F. **Total Lines A through E.**

G. **Eligible TransADE Operating Assistance Request Level.**
Operating assistance shall not exceed 50 percent of Line F. This figure should also be entered on Page 1, Part II of the application.

H. **Local Match.** At least one-half of the required operating match must be listed. Please identify the source(s) and amount(s).

V. TRANSPORTATION ADVISORY COMMITTEE (TAC)

Follow instructions in application for this section.

VI. TRANSIT NEEDS

Follow instructions in application for this section.

VII. COORDINATION

Follow instructions in application for this section.

VIII. EXISTING & PROPOSED TRANSIT PROGRAM DESCRIPTION This section is self-explanatory.

IX. COMPUTER TECHNOLOGY REQUIREMENTS

Follow instructions in application for this section.

X. PREVENTIVE MAINTENANCE

Follow instructions in application for this section.

XI. APPLICANT ASSURANCES AND CERTIFICATIONS

Read Minimum Program Requirements, Assurances and Certifications carefully and have the appropriate, responsible official sign and attest that all statements are valid.

XII. APPLICATION PUBLIC NOTICE

When applying for TransADE operating assistance, a public notice must be published by the applicant agency in a local newspaper of general circulation for at least two consecutive issues. **A minimum of 15 days response time must be provided prior to submission to the Montana Department of Transportation (MDT).** *(See page 6 of this Application Guide for an example of the Application Public Notices).* If requested, a public hearing will be held and public notice indicating the location, date, and time of the hearing will be provided.

XIII. TRANSPORTATION ADVISORY COMMITTEE (TAC) REFERENCE SHEET

This is an informational sheet.

Sample Format for TransADE Application Public Notice

This is to notify all interested parties that the _____ is
(name of agency)
applying for _____ under the Montana Department of Transportation's
(amount of funds)

TransADE Program. Funding will be used for operating expenses associated with providing transportation services to the elderly and persons with disabilities within

(the area of service)

The application is on file at _____. If requested, a public hearing will

(address)

be held and public notice indicating the location, date, and time of the hearing will be provided.
